



Arizona Medical Board

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January 8, 2004

Robert Jerry Allen, M.D.
1425 S Greenfield Rd Ste 101
Mesa AZ 85206-5505

RE: M.M. v Robert J. Allen, M.D.
Case # MD-03-0429A

Dear Dr. Allen:

The purpose of this letter is to inform you that during the course of the December 11, 2003, public meeting, the Arizona Medical Board (Board) reviewed the above-referenced complaint and all pertinent evidence and information gathered during the investigation. At the conclusion of its review, the Board voted to issue Dr. Allen this Advisory Letter for failing to appropriately instruct the patient regarding the risks, benefits and preparation for the IVP resulting in two unnecessary preps, cancellation of the IVP and hospitalization. There is insufficient evidence to support disciplinary action.

An advisory letter is a non-disciplinary action, and is not subject to review by either the Board or the Courts. *See Murphy v. Board of Medical Examiners of the State of Arizona*, 190 Ariz. 441, 949 P.2d 530 (App. 1997). However, the licensee may file a written response to the letter with the Board within thirty days after its receipt A.R.S. § 32-1451(E)(2). If timely received, the response will be attached to the advisory letter and maintained in the licensee's permanent file. The written response will also be hyperlinked to the licensee's profile on the agency's website. The written response will also be hyperlinked to your profile on the agency's website.

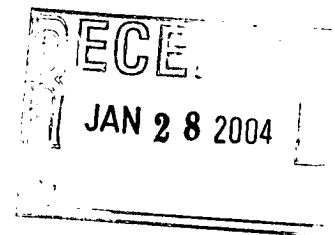
Sincerely,

Tina Speight
Public Affairs Coordinator
Phone number (480) 551-2773
Fax number (480) 551-2705

TS/t

cc: Investigation File
Permanent File # 15874

DESERET FAMILY MEDICINE
1425 S. Greenfield Road, # 101 ~ Mesa, Arizona 85206
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6410 S. Kings Ranch Road, # 1 ~ Gold Canyon, Arizona 85218
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Daniel Finney, P.A.-C.

January 26, 2004

Tina Speight
Public Affairs Coordinator
Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258-5514

Re: M.M. v Robert J. Allen, M.D. (Case # MD-03-0429A)

Dear Ms. Speight:

Thank you for your letter of January 8, 2004 informing me of the Board's decision to issue an Advisory Letter regarding the above referenced case. This letter is sent as my formal response to the Board's action and I do ask that this letter be attached to the Advisory Letter and maintained in my permanent file.

It is documented that the Medical Consultant who reviewed the case recommended the case be dismissed "based upon the opinion that the facility is responsible for instructing the patient regarding test preparations and contraindications." Further, as stated in your letter, "There is insufficient evidence to support disciplinary action."

As stated in my original response to the complaint, several other family practice physicians were not aware that an IVP would be contraindicated for a patient with multiple myeloma. The Medical Director of the Medical Imaging Department at Banner Baywood Hospital informed me that it would be acceptable to perform an IVP on a patient with a history of multiple myeloma with normal renal function. Based on appropriate laboratory tests, the patient did demonstrate normal renal function. The patient did not have a history of diabetes, renal failure or allergy to contrast which are well known contraindications for an IVP. The study was indicated because of her persistent hematuria and to rule out cancer. The hospital imaging technician should have called me if the technician felt there was a contraindication during the patient's first attempt at obtaining the service at the hospital. The hospital imaging department Medical Director informed me that he was disappointed that a technician took it on their own volition to inform the patient that the test was contraindicated without consulting me and/or him as Medical Director. Better communication from the hospital staff may have avoided the problems experienced by the patient.

Response to "Advisory Letter"


January 26, 2004

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The complaint alleges that preparing for the IVP "aggravated her already weakened physical condition, and she had to be hospitalized at Desert Samaritan Hospital." Based on my review of documented hospital ER records, it does not appear that the preparation for an IVP caused her admission to the hospital. The patient had suffered from constipation and the enema portion of the IVP "prep" would have been beneficial, not aggravating to that condition. The physician ER report from Desert Samaritan Hospital include the following: "CLINICAL IMPRESSION: Abdominal pain, etiology unclear." It does not appear that the abdominal pain was the result of the two trips to the imaging department. Further, the two trips to the Banner Baywood Hospital imaging department could have been avoided had the technician communicated with me or the hospital imaging department medical director.

Thank you for this opportunity to respond to the "Advisory Letter" from the Board. I do respectfully disagree with the Board's decision.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Allen, MD", with a stylized flourish at the end.

Robert J. Allen, MD